

Fill in this information to identify the case:

Debtor name Top Shelf Barber Supplies LLC

United States Bankruptcy Court for the: Eastern District of Michigan
(State)

Case number (If known): 21-47551

☐ Check if this is an amended filing

Official Form 206Sum**Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*.....\$ 0**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$ 1,025,300**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$ 1,025,300**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$ 1,543,603.99**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

Text

\$ 0**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+ \$ 7,421,158.85**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$ 8,964,762.84

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Debtor name Top Shelf Barber Supplies LLC

United States Bankruptcy Court for the: Eastern District of Michigan
(State)

Case number (if known): 21-47551

☐ Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Citizens Bank</u>	<u>Business Checking</u>	<u> </u> <u> </u> <u> </u> <u> </u>	\$ <u>300.00</u>
3.2. _____	_____	<u> </u> <u> </u> <u> </u> <u> </u>	\$ _____

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 300.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$
20. Work in progress				
	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale				
	MM / DD / YYYY	\$		\$
22. Other inventory or supplies				
	MM / DD / YYYY	\$		\$
23. Total of Part 5				\$
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?
- ☐ No
- ☐ Yes
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?
- ☐ No
- ☐ Yes. Book value Valuation method Current value
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?
- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$

34. Is the debtor a member of an agricultural cooperative?

☐ No

☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No

☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No

☐ Yes. Book value \$ Valuation method Current value \$

36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No

☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No

☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☒ No. Go to Part 8.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
	\$		\$
40. Office fixtures			
	\$		\$
41. Office equipment, including all computer equipment and communication systems equipment and software			
	\$		\$
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$		\$
42.2	\$		\$
42.3	\$		\$

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$

44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No

☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☐ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1	\$		\$
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1	\$		\$
48.2	\$		\$

49. Aircraft and accessories

49.1	\$		\$
49.2	\$		\$

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

	\$		\$
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

Nature and extent of debtor's interest in property

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

55.1		\$		\$
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$

57. Is a depreciation schedule available for any of the property listed in Part 9?☐ No☐ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☐ No☐ Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes. Fill in the information below.

General description

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites	\$		\$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 300.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$	
82. Accounts receivable. Copy line 12, Part 3.	\$ 1,000,000.00	
83. Investments. Copy line 17, Part 4.	\$	
84. Inventory. Copy line 23, Part 5.	\$	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$	
88. Real property. Copy line 56, Part 9.	→	\$ 0
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$	
90. All other assets. Copy line 78, Part 11.	+ \$ 25,000.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 1,025,300.00	+ 91b. \$ 0
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 1,025,300.00

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 United States Bankruptcy Court for the: Eastern District of Michigan
 (State)
 Case number (if known): 21-47551

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

<p>2.1 Creditor's name <u>Amazon Capital Services, Inc.</u></p> <p>Creditor's mailing address <u>2201 Westlake Ave</u> <u>Seattle, WA 98121 USA</u></p> <p>Creditor's email address, if known <u>uccfilingreturn@wolterskluwer.com</u></p> <p>Date debt was incurred <u>05/21/2015</u></p> <p>Last 4 digits of account number <u>8 7 0 1</u></p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien <u>Physical Inventory, Equipment, Ledgers</u></p> <p>Describe the lien <u>Michigan UCC Lien 2016071425-0</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	<p>\$ <u>\$370,833.08</u></p> <p>\$ <u>\$10,000,000</u></p>
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<p>2.2 Creditor's name <u>Payability Commercial Factors, LLC</u></p> <p>Creditor's mailing address <u>c/o WITTE LAW OFFICES, PLLC</u> <u>119 E. Kalamazoo St.</u> <u>Lansing, Michigan 48933-2111 - USA</u></p> <p>Creditor's email address, if known <u>SPRS@FICOSO.COM</u></p> <p>Date debt was incurred <u>12/19/2016</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien <u>"All property and assets of the Debtor"</u></p> <p>Describe the lien <u>Michigan UCC File 20161219000883-3</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>1,078,789.85</u></p> <p>\$ <u>0</u></p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 1,543,603.99

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Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 Creditor's name

Describe debtor's property that is subject to a lien

TOYOTA INDUSTRIES COMMERCIAL FINANCE

(1) TOYOTA 8FBE18U SERIAL#: 8FBE18U-13151,
EQUIPPED WITH 189FSV MAST, CASCADE SIDESHIFTER,
42" FORKS AND TREAD NON MARKING TIRES

\$ 21,017.16

\$ 0

Creditor's mailing address

951 CYPRESS WATER BLVD SUITE 300
Coppell, TX 75019 USA(1) ENERSYS BATTERY MODEL: 18-85P-17, SERIAL #: MRJ001884 (1)
ENERSYS CHARGER MODEL: EI3-HL-4Y, SERIAL #: RI542817

Describe the lien

Michigan UCC File 20171213001116-0

Creditor's email address, if known

N/A

Is the creditor an insider or related party?

- ☒
- No
-
- ☐
- Yes

Date debt was incurred 12/13/2017

Is anyone else liable on this claim?

- ☒
- No
-
- ☐
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

- ☐
- Yes. The relative priority of creditors is specified on lines _____

2.4 Creditor's name

Describe debtor's property that is subject to a lien

LEASE CORPORATION OF AMERICA

BUILDING SECURITY SYSTEM

\$ 32,041.25

\$ 0

Creditor's mailing address

3150 LIVERNOIS RD, SUITE 300
TROY, MI 48083 USA

Describe the lien

Michigan UCC File 20181130000436-1

Creditor's email address, if known

Is the creditor an insider or related party?

- ☒
- No
-
- ☐
- Yes

Date debt was incurred 11/30/2018

Is anyone else liable on this claim?

- ☐
- No
-
- ☒
- Yes. Fill out
- Schedule H: Codebtors*
- (Official Form 206H).

Last 4 digits of account number

- 0 0 0

Do multiple creditors have an interest in the same property?

- ☒
- No
-
- ☐
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☒
- Disputed

- ☐
- Yes. The relative priority of creditors is specified on lines _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.5 Creditor's name

Describe debtor's property that is subject to a lien

GREATAMERICA FINANCIAL SERVICES CORPORATION

IT EQUIPMENT

\$30,814.81

\$ 0

Creditor's mailing address

625 FIRST STREET
Cedar Rapids, IA 52401-2030 USA

Describe the lien

Michigan UCC File 20181204000773-3

Creditor's email address, if known

cloftus@SPMBLAW.com

Is the creditor an insider or related party?

☒ No
☐ Yes

Date debt was incurred 12/03/2018

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

3 8 2 2

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed☐ Yes. The relative priority of creditors is specified on lines _____**2.6 Creditor's name**

Describe debtor's property that is subject to a lien

CORPORATION SERVICE COMPANY, AS REPRESENTATIVE

UNKNOWN LIEN DOES NOT DISCLOSE

\$ _____ \$ 0

Creditor's mailing address

P.O. BOX 2576

SPRINGFIELD, IL 62708 USA

Describe the lien

Michigan UCC File 20190322000545-9

Creditor's email address, if known

uccsprep@cscinfo.com

Is the creditor an insider or related party?

☒ No
☐ Yes

Date debt was incurred 03/22/2019

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed☐ Yes. The relative priority of creditors is specified on lines _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.7 Creditor's name

Describe debtor's property that is subject to a lien

FIRST CORPORATE SOLUTIONS, AS REPRESENTATIVE

"All property and assets of the Debtor"

\$ 0

Creditor's mailing address

914 S STREET

SACRAMENTO CA 95811 USA

Describe the lien

Michigan UCC File 20201006000616-4

Creditor's email address, if known

SPRS@FICOSO.COM

Is the creditor an insider or related party?

☒ No
☐ Yes

Date debt was incurred 10/06/2020

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed☐ Yes. The relative priority of creditors is specified on lines**2.8** Creditor's name

Describe debtor's property that is subject to a lien

Celtic Bank Corporation

"All property and assets of the Debtor"

\$ 10,364.38 \$ 0

Creditor's mailing address

914 S STREET

SACRAMENTO CA 95811 USA

Describe the lien

Michigan UCC File 20190913000635-7

Creditor's email address, if known

SPRS@FICOSO.COM

Is the creditor an insider or related party?

☒ No
☐ Yes

Date debt was incurred 09/13/2019

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number 1 4 4 1

Do multiple creditors have an interest in the same property?

☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed☒ Yes. The relative priority of creditors is specified on lines

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.9 Creditor's name CORPORATION SERVICE COMPANY, AS REPRESENTATIVE Creditor's mailing address P.O. BOX 2576 SPRINGFIELD, IL 62708 USA Creditor's email address, if known uccsprep@cscinfo.com Date debt was incurred 03/22/2019 Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien N/A Describe the lien Michigan UCC File 20190322000545-9 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ _____ \$ 0
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2._ Creditor's name _____ Creditor's mailing address _____ _____ _____ Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien _____ Describe the lien _____ Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____ \$ _____
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[illegible]

Fill in this information to identify the case:

Debtor Top Shelf Barber Supplies LLC
United States Bankruptcy Court for the: Eastern District of Michigan
Case number 21-47551
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim**Priority amount**

\$ _____

2.2 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

2. Priority creditor's name and mailing address

\$ _____ \$ _____

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>Alfaparf - BIP Inc.</u> <u>8200 NW 33rd St. Ste 109</u> <u>Doral, FL 33122 – USA</u> Date or dates debt was incurred <u>08/29/2018</u> Last 4 digits of account number <u>0290</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>breach of contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>28,497.36</u>
3.2	Nonpriority creditor's name and mailing address <u>Amazon Media Group LLC</u> <u>2021 7TH Ave</u> <u>Seattle, WA, 98121-260 – USA</u> Date or dates debt was incurred <u>2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>breach of contract</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes \$ <u>281,787.40</u>
3.3	Nonpriority creditor's name and mailing address <u>Amazon Services</u> <u>410 Terry Avenue</u> <u>North Seattle, WA 98109 – USA</u> Date or dates debt was incurred <u>2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>breach of contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>14,538.00</u>
3.4	Nonpriority creditor's name and mailing address <u>Amazon.com, Inc.</u> <u>410 Terry Avenue</u> <u>North Seattle, WA 98109 – USA</u> <u>01/01/2021</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>breach of contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>10,000</u>
3.5	Nonpriority creditor's name and mailing address <u>AMERICAN EXPRESS</u> <u>PO Box 6985</u> <u>Buffalo, NY 14240-6985 – USA</u> Date or dates debt was incurred <u>Jan 1 2018 to Jan 1 2020</u> Last 4 digits of account number <u>4000</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>breach of contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>130,000.00</u>
3.6	Nonpriority creditor's name and mailing address <u>Banc of America Leasing & Capital, LLC</u> <u>c/o Robert Ajlouny (P35941)</u> <u>370 E. Maple Road, Ste. 230</u> <u>Birmingham, MI 48009 – USA</u> Date or dates debt was incurred <u>04/30/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>X breach of contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>365,567.16</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Bank of America 100 N Tryon St Charlotte, NC 28202 – USA	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 87,381.68
	Date or dates debt was incurred <u>April 1 2014 to September 20, 2021</u> Last 4 digits of account number 8 0 4 1	Basis for the claim: breach of contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address Brex 405 Howard Street San Francisco, CA 94105 – USA	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 157,630.71
	Date or dates debt was incurred 01/23/2020 Last 4 digits of account number 3 3 4 2	Basis for the claim: breach of contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address CAPITAL ONE BANK (USA), N.A. 965 Keynote Circle Cleveland, OH 44131 – USA	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,983.47
	Date or dates debt was incurred <u>April 6, 2014 to September 21, 2021</u> Last 4 digits of account number 7 6 5 6	Basis for the claim: breach of contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address Clark Hill 200 Ottawa NW Suite 500 Grand Rapids, MI 49503 – USA	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 18,435.50
	Date or dates debt was incurred <u>09/10/2019 to 11/07/2019</u> Last 4 digits of account number 4 9 4 2	Basis for the claim: breach of contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address Comcast Business 1701 JFK Boulevard Philadelphia, PA 19103 - USA	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 88,152.66
	Date or dates debt was incurred 09/10/2021 Last 4 digits of account number 1 2 7 7	Basis for the claim: breach of contract Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	<p>Nonpriority creditor's name and mailing address Consumers Energy</p> <p>P.O. Box 740309</p> <p>Cincinnati, OH 45274-0309 – USA</p> <p>Date or dates debt was incurred <u>01/01/2019 to 09/21/2021</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 5,000.00</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>breach of contract</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.13	<p>Nonpriority creditor's name and mailing address Dentons US LLP</p> <p>1221 Avenue of the Americas</p> <p>New York, NY 10020-1089 – USA</p> <p>Date or dates debt was incurred <u>09/10/2018 to 12/22/2020</u></p> <p>Last 4 digits of account number <u>7 3 6 4</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 57,391.00</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>breach of contract</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.14	<p>Nonpriority creditor's name and mailing address Derderian, Kann, Seyferth & Salucci, P.C.</p> <p>3001 W. Big Beaver, Suite 700</p> <p>Troy, MI 48084 – USA</p> <p>Date or dates debt was incurred <u>08/07/2020</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 11,024</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>breach of contract</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.15	<p>Nonpriority creditor's name and mailing address Johnny B Haircare</p> <p>6409 Gayhart St,</p> <p>Commerce, CA 90040 – USA</p> <p>Date or dates debt was incurred <u>10/15/2019</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 41,433.35</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>breach of contract</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.16	<p>Nonpriority creditor's name and mailing address JPMorgan Chase Bank, N.A.</p> <p>270 Park Ave.</p> <p>New York, NY 10017 – USA</p> <p>Date or dates debt was incurred <u>02/01/2015 to 09/21/2021</u></p> <p>Last 4 digits of account number <u>7 6 4 3</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$ 39,892.80</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>breach of contract</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17 Nonpriority creditor's name and mailing address
Kabbage Inc.**730 Peachtree St NE #1100
Atlanta, GA 30308 – USA**Date or dates debt was incurred 02/01/2015 to 09/21/2021
Last 4 digits of account number **2 9 3 0**As of the petition filing date, the claim is:
Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☒
- Disputed
-
- ☐
- Liquidated and neither contingent nor disputed

\$ **163,976.00**Basis for the claim: **breach of contract**

Is the claim subject to offset?

- ☐
- No
-
- ☒
- Yes

3.18 Nonpriority creditor's name and mailing address
Ken Nemec**809 E. Superior
Wayland, MI 49348 – USA**Date or dates debt was incurred 01/01/2018
Last 4 digits of account number _____As of the petition filing date, the claim is:
Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

\$ **10,000.00**Basis for the claim: **breach of contract**

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

3.19 Nonpriority creditor's name and mailing address
King & I Sales and Distribution Company, Inc.
**P.O. BOX 615
South Orleans, MA 02662 – USA**Date or dates debt was incurred 10/25/2019
Last 4 digits of account number **5 5 2 1**As of the petition filing date, the claim is:
Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

\$ **7454.38**Basis for the claim: **breach of contract**

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

3.20 Nonpriority creditor's name and mailing address
Lansing Board of Water & Lights**1201 S Washington Ave
Lansing, MI 48910 – USA**Date or dates debt was incurred January 1, 2019 to September 21, 2021
Last 4 digits of account number _____As of the petition filing date, the claim is:
Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

\$ **1,117.07**Basis for the claim: **breach of contract**

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

3.21 Nonpriority creditor's name and mailing address
NatureLab**5792 W. Jefferson Blvd.
Culver City, CA 90016 – USA**Date or dates debt was incurred 11/26/2019 to 02/14/2020
Last 4 digits of account number _____As of the petition filing date, the claim is:
Check all that apply.

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

\$ **41,940.00**Basis for the claim: **breach of contract**

Is the claim subject to offset?

- ☒
- No
-
- ☐
- Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. 22	<p>Nonpriority creditor's name and mailing address</p> <p><u>RUBIE'S COSTUME COMPANY, INC</u></p> <p><u>c/o GLASSEN, RHEAD, MCCLEAN, CAMPBELL</u></p> <p><u>& SCHUMACHER</u></p> <p><u>533 SOUTH GRAND AVE</u></p> <p><u>LANSING, MI 48933 – USA</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 149,936.40</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>breach of contract</u></p> <p>Date or dates debt was incurred <u>01/02/2018 to 01/10/2019</u></p> <p>Last 4 digits of account number <u>8 0 0 3</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3. 23	<p>Nonpriority creditor's name and mailing address</p> <p><u>Scarecrow, Inc.</u></p> <p><u>431 Leoni Dr.</u></p> <p><u>Grover Beach, CA 93433 – USA</u></p>	<p>As of the petition filing date, the claim is: <u>\$190,560.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>breach of contract</u></p> <p>Date or dates debt was incurred <u>06/01/2018</u></p> <p>Last 4 digits of account number <u> </u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3. 24	<p>Nonpriority creditor's name and mailing address</p> <p><u>Spadafore Distributing Company</u></p> <p><u>c/o H. Kirby Albright (P32363)</u></p> <p><u>124 W. Allegan Street, Suite 1000</u></p> <p><u>Lansing, MI 48933 – USA</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 207,271.54</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>breach of contract</u></p> <p>Date or dates debt was incurred <u>2018</u></p> <p>Last 4 digits of account number <u> </u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3. 25	<p>Nonpriority creditor's name and mailing address</p> <p><u>Spin Master Ltd.</u></p> <p><u>225 King Street W</u></p> <p><u>Toronto, ON M5V 3M2 – CANADA</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 812,726.22</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>breach of contract</u></p> <p>Date or dates debt was incurred <u>11/07/2019 to 12/13/2019</u></p> <p>Last 4 digits of account number <u>1 8 8 9</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3. 26	<p>Nonpriority creditor's name and mailing address</p> <p><u>Sunrise Banks North America</u></p> <p><u>200 University Avenue West</u></p> <p><u>Saint Paul, MN 55103 – USA</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 302,200.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>breach of contract</u></p> <p>Date or dates debt was incurred <u>02/04/2021</u></p> <p>Last 4 digits of account number <u> </u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.27	<p>Nonpriority creditor's name and mailing address Technology Concepts & Design, Inc. 4508 Weybridge Lane Greensboro, NC 27407</p> <p>Date or dates debt was incurred 12/31/2019 to 08/31/2021 Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 58,494.26 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: breach of contract</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.28	<p>Nonpriority creditor's name and mailing address THE MONROVIA GROUP LLC C/O SCOTT M. KWIATKOWSKI 4000 TOWN CENTER, SUITE 1200 SOUTHFIELD, MI 48075 – USA</p> <p>Date or dates debt was incurred 11/18/2020 Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 660,541.94 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: breach of contract</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.29	<p>Nonpriority creditor's name and mailing address Pearl Cohen Zedek Latzer Baratz LLP Times Square Tower, 7 Times Square New York, NY 10036 – USA</p> <p>Date or dates debt was incurred January 1, 2019 to September 30, 2021 Last 4 digits of account number 2 8 7 2</p>	<p>As of the petition filing date, the claim is: \$ 352,254.82 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: breach of contract</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.30	<p>Nonpriority creditor's name and mailing address THINK OPERATIONS LLC 174 Route 109 West Babylon, NY 11704-6221 – USA</p> <p>Date or dates debt was incurred June 1 2019 to September 01, 2019 Last 4 digits of account number 1 3 6</p>	<p>As of the petition filing date, the claim is: \$ 1,533,935.83 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: breach of contract</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.31	<p>Nonpriority creditor's name and mailing address TIGI LINEA CORP 1655 Waters Ridge Dr, Lewisville, TX 75057 – USA</p> <p>Date or dates debt was incurred October 01, 2017 to December 31, 2017 Last 4 digits of account number 7 9 7 7</p>	<p>As of the petition filing date, the claim is: \$ 948,375.85 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: breach of contract</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. 32 Nonpriority creditor's name and mailing address**Darktrace Holdings Limited**

Maurice Wilkes Building St John's Innovation Park Cowley Road
Cambridge
CB4 0DS
UK

As of the petition filing date, the claim is:

Check all that apply.

\$ 300,000.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Basis for the claim: breach of contractDate or dates debt was incurred January 01, 2018 to September 21, 2021

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3. 33 Nonpriority creditor's name and mailing address**ULINE****12575 Uline Dr.****Pleasant Prairie, WI 53158 – USA**

As of the petition filing date, the claim is:

Check all that apply.

\$ 5,961.23

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: breach of contractDate or dates debt was incurred December 9, 2019 to December 30, 2019

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 6 4 53. 34 Nonpriority creditor's name and mailing address**UPS****55 Glenlake Parkway****NE Atlanta, GA 30328 – USA**

As of the petition filing date, the claim is:

Check all that apply.

\$ 273.60

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: breach of contractDate or dates debt was incurred Jan 1 2021

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3. 35 Nonpriority creditor's name and mailing address**US BANK****800 Nicollet Mall Fl 2****Minneapolis, MN 55402 – USA**

As of the petition filing date, the claim is:

Check all that apply.

\$ 14,926.49

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: breach of contractDate or dates debt was incurred Jan 1 2016 to Sept 21, 2021

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9 7 0 73. 36 Nonpriority creditor's name and mailing address**WebBank****215 South State Street, Suite 1000****Salt Lake City, UT 84111 – USA**

As of the petition filing date, the claim is:

Check all that apply.

\$ 306,498.13

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: breach of contractDate or dates debt was incurred 04/15/2020

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 3 8 9

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

5a. Total claims from Part 1

5a. \$ _____

5b. Total claims from Part 2

5b. + \$ 7,421,158.85

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 7,421,158.85

Fill in this information to identify the case:

Debtor name Top Shelf Barber Supplies LLC

United States Bankruptcy Court for the: Eastern District of Michigan
(State)

Case number (if known): 21-47551 Chapter 7

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.5

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:Debtor name Top Shelf Barber Supplies LLCUnited States Bankruptcy Court for the: Eastern District of Michigan
(State)Case number (If known): 21-47551☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Column 2: Creditor****Name****Mailing address****Name***Check all schedules that apply:*

- | | | |
|-----|---|--|
| 2.1 | <u>Douglas Mrdeza</u>
Street
<u>5938 Hickory Tree Trl.</u>
Bloomfield Hills, MI 48301
City State ZIP Code | <u>Amazon Capital Services, Inc.</u>
<input checked="" type="checkbox"/> D
<input type="checkbox"/> E/F
<input type="checkbox"/> G |
| 2.2 | <u>Douglas Mrdeza</u>
Street
<u>5938 Hickory Tree Trl.</u>
Bloomfield Hills, MI 48301
City State ZIP Code | <u>Payability Commercial Factors, LLC</u>
<input type="checkbox"/> D
<input checked="" type="checkbox"/> E/F
<input type="checkbox"/> G |
| 2.3 | <u>Douglas Mrdeza</u>
Street
<u>5938 Hickory Tree Trl.</u>
Bloomfield Hills, MI 48301
City State ZIP Code | <u>RUBIE'S COSTUME COMPANY, INC</u>
<input type="checkbox"/> D
<input checked="" type="checkbox"/> E/F
<input type="checkbox"/> G |
| 2.4 | <u>Douglas Mrdeza</u>
Street
<u>5938 Hickory Tree Trl.</u>
Bloomfield Hills, MI 48301
City State ZIP Code | <u>TIGI LINEA CORP</u>
<input type="checkbox"/> D
<input checked="" type="checkbox"/> E/F
<input type="checkbox"/> G |
| 2.5 | <u>Douglas Mrdeza</u>
Street
<u>5938 Hickory Tree Trl.</u>
Bloomfield Hills, MI 48301
City State ZIP Code | <u>CAPITAL ONE BANK (USA), N.A.</u>
<input type="checkbox"/> D
<input checked="" type="checkbox"/> E/F
<input type="checkbox"/> G |
| 2.6 | <u>Douglas Mrdeza</u>
Street
<u>5938 Hickory Tree Trl.</u>
Bloomfield Hills, MI 48301
City State ZIP Code | <u>AMERICAN EXPRESS</u>
<input type="checkbox"/> D
<input checked="" type="checkbox"/> E/F
<input type="checkbox"/> G |

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. <u>Douglas Mrdeza</u>	<u>5938 Hickory Tree Trl.</u> Street <u>Bloomfield Hills, MI 48301</u> City State ZIP Code	JPMorgan Chase Bank, N.A.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>Douglas Mrdeza</u>	<u>5938 Hickory Tree Trl.</u> Street <u>Bloomfield Hills, MI 48301</u> City State ZIP Code	Amazon.com, Inc.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>Douglas Mrdeza</u>	<u>5938 Hickory Tree Trl.</u> Street <u>Bloomfield Hills, MI 48301</u> City State ZIP Code	Kabbage Inc.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Top Shelf Barber Supplies LLC
 United States Bankruptcy Court for the: Eastern District of Michigan
 (State)
 Case number (if known): 21-47551

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date: From <u>01/01/2021</u> to Filing date MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>0</u>
For prior year: From <u>01/01/2020</u> to <u>12/31/2020</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>1,603,442.76</u>
For the year before that: From <u>01/01/2019</u> to <u>12/31/2019</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>15,367,523.48</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

	Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date: From _____ to Filing date MM / DD / YYYY	_____	\$ _____
For prior year: From _____ to _____ MM / DD / YYYY	_____	\$ _____
For the year before that: From _____ to _____ MM / DD / YYYY	_____	\$ _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name Street City State ZIP Code Relationship to debtor		\$	
4.2. Insider's name Street City State ZIP Code Relationship to debtor		\$	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Creditor's name Street City State ZIP Code			\$
5.2.	Creditor's name Street City State ZIP Code			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Amazon.com, Inc. Street 410 Terry Avenue North Seattle, WA 98109 City State ZIP Code	Refused to reimburse over \$5,000,000 in funds owed Last 4 digits of account number: XXXX- ____	10/04/2021	\$ 5,000,000

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1.		Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number			
7.2.		Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
Custodian's name Street City State ZIP Code	Case title Case number Date of order or assignment	\$ Court name and address Name Street City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name Street City State ZIP Code Recipient's relationship to debtor			\$
9.2. Recipient's name Street City State ZIP Code Recipient's relationship to debtor			\$

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
Tech Deck Exclusive Toys	0	01/01/2021	\$ 250,000

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<div>Address</div> <div>Street</div> <div>City State ZIP Code</div> <div>Email or website address</div> <div>Who made the payment, if not debtor?</div>			\$
11.2.	<div>Address</div> <div>Street</div> <div>City State ZIP Code</div> <div>Email or website address</div> <div>Who made the payment, if not debtor?</div>			\$

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1.	RAW APOTHECARY LLC	TRADEMARK		\$ 25,000.00
	Address <hr/> Street <hr/> City State ZIP Code <hr/>			
	Relationship to debtor <hr/>			
13.2.				\$
	Address <hr/> Street <hr/> City State ZIP Code <hr/>			
	Relationship to debtor <hr/>			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy	
		From	To
14.1.	5400 PIERSON HIGHWAY	2018	2020
	Street		
	LANSING MI 48917		
	City State ZIP Code		
14.2.	555 S OLD WOODWARD AVE	2020	2021
	Street		
	SUITE 1109		
	BIRMINGHAM MI 48009		
	City State ZIP Code		

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1.

Facility name		
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City State ZIP Code		Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2.

Facility name		
Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
City State ZIP Code		Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained. _____
- Does the debtor have a privacy policy about that information?
- ☐ No
- ☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in below:

Name of plan	Employer identification number of the plan
TOP SHELF BRANDS 401K RETIREMENT PLAN	EIN: 46 - 5331116

Has the plan been terminated?

- ☒ No
- ☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name _____ Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	Name _____ Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City State ZIP Code	_____ _____ _____ Address _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
1-800-Self-Storage.com On Maple Name 2477 W. Maple Street Troy, MI 48084 City State ZIP Code	Douglas Mrdeza _____ _____ Address _____ _____	_____ _____ _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$ _____
Street			
City	State	ZIP Code	

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case	
Case number	Name		<input type="checkbox"/> Pending	
	Street		<input type="checkbox"/> On appeal	
	City	State	ZIP Code	<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City	City	State	ZIP Code

24. Has the debtor notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____		
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From _____ To _____
25.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From _____ To _____
25.3.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From _____ To _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. Derderian, Kann, Seyferth & Salucci, P.C. Name 3001 W. Big Beaver Street Suite 700 Troy MI 48084 City State ZIP Code	From 2016 To 2020

Name and address	Dates of service
26a.2. Name Street City State ZIP Code	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. Name Street City State ZIP Code	From _____ To _____

Name and address	Dates of service
26b.2. Name Street City State ZIP Code	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Name Street City State ZIP Code	

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

Name

Sunrise Banks North America

Street

200 University Avenue West

Saint Paul, MN 55103

City

State

ZIP Code

Name and address

26d.2.

Name

WebBank

Street

215 South State Street, Suite 1000

Salt Lake City, UT 84111

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Amazon.com Inc.

Date of
inventory

10/31/2019

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ 1,000,000

Name and address of the person who has possession of inventory records

27.1.

Douglas Mrdeza

Name

5938 Hickory Tree Trl.

Street

Bloomfield Hills , MI 48301

City

State

ZIP Code

Name of the person who supervised the taking of the inventory

Date of
inventoryThe dollar amount and basis (cost, market, or
other basis) of each inventory**Douglas Mrdeza**

08/01/2020 to 09/10/2020

\$ 1,000,000 Wholesale

Name and address of the person who has possession of inventory records

27.2.

Larry LetoName **Regional Account Executive, Commercial**Street **Michigan Market****6700 E. 14 Mile Road | Warren, MI 48088**

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Douglas Mrdeza	5938 Hickory Tree Trl. Bloomfield Hills , MI 48301	Member	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From ____ To ____
			From ____ To ____
			From ____ To ____
			From ____ To ____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient

Amount of money or
description and value of
property

Dates

Reason for
providing the value30.1. **Douglas Mrdeza****50000****Loan Repayment**

Name

Street

5938 Hickory Tree Trl.**Bloomfield Hills , MI 48301**

City

State

ZIP Code

Relationship to debtor

Debtor

Top Shelf Barber Supplies LLC

Name

Case number (if known) **21-47551****Name and address of recipient**

30.2

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: ____ - ____ - ____ - ____ - ____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: ____ - ____ - ____ - ____ - ____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **10/04/2021**
MM/DD/YYYY

x

Signature of individual signing on behalf of the debtor

Printed name **Douglas Mrdeza**Position or relationship to debtor **Memeber**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☒ No☐ Yes